



CASWELL COUNTY
Area Transportation System

Caswell County Area Transportation System

Title VI Policy Statement

It is the policy of Caswell County Area Transportation System to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR, Part 21; related statutes and regulations that ensure no person in the United States shall, on the grounds of race, color, sex, age, national origin, or disability, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance from the United States Department of Transportation.



Director of Caswell County Area Transportation System

Any person who believes he or she has been discriminated against should contact:

**Caswell County Area Transportation System
P O Box 371
Yanceyville NC 27379
Phone: (336) 694-1424 Ext 2**

Caswell County Area Transportations System's Public Involvement Plan

1. Place Public Notices in all CATS vehicles
2. Provide community-based public involvement – Place Public Notices at the Department of Social Services, Senior Center, Public Library, Vocational Rehabilitation, Vocational Workshop, Historic Court House
3. Provide the Public Notices in English and Spanish
4. Public Meetings will be free and located in Yanceyville, NC. The Public Meetings are held at 6:30 P.M. to allow anyone the opportunity to attend.
5. Offer auxiliary aids and services under ADA or a language translator if needed

Caswell County Area Transportation System's Title VI Notice To Public

U.S. Department of Justice regulations, 28 Code of Federal Regulations, Section 42, 405, Public Dissemination of Title VI Information, require recipients of Federal financial assistance to publish or broadcast program information in the news media. Advertisements must state that the program is an equal opportunity program and/or indicate that Federal law prohibits discrimination. Additionally, reasonable steps shall be taken to publish information in languages understood by the population eligible to be served or likely to be directly affected by transportation projects.

Caswell County Area Transportation Systemm hereby gives public notice that it's the policy of the Department to assure full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Executive Order 12898 Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, Executive Order 13166 Improving Access to Services for Persons with Limited English Proficiency, and related nondiscrimination statues and regulations in all programs and services. It is the Department's status, national origin, or disabilities be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, activities, or services for which Caswell County Area Transportation System receives Federal financial assistance.

Any person who believes they have been mistreated by an unlawful discriminatory practice under Title VI has a right to file a formal complaint with Caswell County Area Transportation System. Any such complaint must be in writing or in person with Caswell County Area Transportation System, P O Box 371, Yanceyville, NC 27379, within one hundred eighty (180) days following the date of the alleged discrimination occurrence. Title VI Discrimination Complaint forms may be obtained from Caswell County Area of Transportation System at no cost by calling 336-694-1424 Ext 2.

Processing Procedures for Complaint of Discrimination

The complaint procedures outlined herein apply to Caswell County Area Transportation System and FHWA, FTA, FAA, and other primary recipients and sub-recipients in the administration of the Federal-aid highway program. These procedures cover discrimination complaints filed under Title VI of the Civil Rights Act of 1964, Civil Rights Restoration Act of 1987, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1987, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act 1990, and other nondiscrimination authorities relating to any program or services administered by NCDOT as to sub-recipients, consultants, and contractors.

Caswell County Area Transportation System will make every effort to obtain early resolution of complaints at the lowest level possible. All complaints of alleged discrimination will be investigated by Caswell County Area Transportation System's Office of Civil Rights and Human Resource Department (OCR). The option of informal mediation meetings(s) between the affected parties and the OCR staff may be utilized for resolution. Upon completion of each investigation, the OCR staff will inform every complainant of all avenues of appeal.

I. PURPOSE

The Purpose of the discrimination complaint procedures is to specify the process to be employed by Caswell County Area Transportation System (CATS) in accordance with guidance from the Federal Highway Administration to investigate complaints, while ensuring due process for complainants and respondents. The process does not preclude the responsible staff of any agency from attempting to informally resolve complaints.

II. APPLICABILITY

The complaint procedures apply to the beneficiaries of the Caswell County Area Transportation System's programs, activities, and services, including but not limited to the public, contractors, subcontractors, consultants, and other sub-recipients of federal and state funds.

III. ELIGIBILITY

Any person who believes that he/she has been subjected to discrimination or retaliation prohibited by any of the Civil Rights authorities, based upon race, color, sex, age, national origin, or disability may file a written complaint with Caswell County Area Transportation System's Office. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative and must be in writing.

IV. DEFINITION

Discrimination involves an act or inaction, whether intentional or unintentional in any program or activity of a Federal-aid recipient, sub-recipient, or contractor, which results in disparate (unfavorable) treatment, disparate impact, or perpetuating the effects of prior discrimination based on race, color, sex, national origin, age, disability or in the case of disability, failing to make a reasonable accommodation.

An act (or action) whether intentional or unintentional, through which a person in the United States, based on race, color, sex, age, national origin, or disability has been subjected to unequal treatment under any program or activity receiving financial assistance from the FHWA under title 23 U.S.C.

V. FILING OF COMPLAINTS

1. **Time Limits and Filing Options** – A complaint must be filed no later than 180 calendar days after the following:
 - The date of the alleged act of discrimination; or
 - The date when the person(s) became aware of the alleged discrimination; or
 - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of conduct.

Title VI complaints may be submitted to the following entities:

- CATS
- NCDOT – Office of Civil Rights and Business Development
- Federal Highway Administration
- Federal Transit Administration
- Federal Aviation Administration
- US Department of Transportation
- US Department of Justice

2. **Type of Complaints** – Complaints shall be in **writing** and **signed** by the complainant(s) or a representative and include the complainant's name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing.
3. **Complaint Basis** – Allegations must be based on issues involving race, color, national origin, sex, age, income status or disability. The term "basis" refers to the complainant's membership in a protected group category.

Protected Categories	Definition	Examples
Race	An individual belonging to one of the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White
Color	Color of skin, including shade of skin within a racial group	Black, White, light brown, dark brown, etc.
National Origin	Place of birth. Citizenship is not a factor. Discrimination based on language or a person's accent is also covered by national origin.	Mexican, Cuban, Japanese, Vietnamese, Chinese
Sex	Gender	Women and Men
Age	Persons of any age	21 year old person
Disability	Physical or mental impairment, permanent or temporary, or perceived.	Blind, alcoholic, para-amputee, epileptic, diabetic, arthritic
Income Status	Person whose household income is at or below US Department of Health and Human Services Poverty Guidelines	Person in family or household of 4 with income of \$20,000

VI. CONTACT INFORMATION

If there are any questions regarding these procedures or in filing a discrimination complaint, contact Caswell County Area Transportation System at (336) 694-1424 Ext 2.

Complaint Log

Caswell County Area Transportation System
DISCRIMINATION COMPLAINT FORM

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female																	
Mailing Address:		City	State	Zip															
Home Telephone:	Work Telephone:	E-mail Address																	
Identify the Category of Discrimination:																			
<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE																
<input type="checkbox"/> RELIGION	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX/GENDER																	
Identify the Race of the Complainant																			
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American																
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____																
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.																			
<p>How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons where treated differently from you. (Attached additional page(s), if necessary).</p>																			
<p>The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.</p>																			
Names of individuals responsible for the discriminatory action(s):																			
<p>Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;"><u>Name</u></th> <th style="width: 20%; text-align: left;"><u>Address</u></th> <th style="width: 20%; text-align: left;"><u>Telephone</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					<u>Name</u>	<u>Address</u>	<u>Telephone</u>	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____
<u>Name</u>	<u>Address</u>	<u>Telephone</u>																	
1. _____	_____	_____																	
2. _____	_____	_____																	
3. _____	_____	_____																	
4. _____	_____	_____																	

DISCRIMINATION COMPLAINT FORM

Page 2

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- US Equal Employment Opportunity Commission _____
 Federal Highway Administration _____
 US Department of Transportation _____
 Federal or State Court _____
 Other _____

Have you discussed the complaint with any CDOT representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:**CATS**

Mailing
P O Box 371
Yanceyville NC 27379

Location:
206 County Park Rd
Yanceyville NC 27379

FOR MORE INFORMATION CALL:

336-694-1424 Or 919-508-1808 Or 800-522-0453

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA USDOT DOJ

Date Referred: _____

5311 Transit Advisory Board (TAB) Composition**Service Area Demographic**

Elderly	Minority	Disabled	Low Income	Hispanic or Latino
23%	38%	24%	15%	3%

Applicant:		Caswell County	
Number of Projected TAB Meetings for FY2016:	4	2000 Census data used for Disabled Calculations	

Number of TAB Meetings held in FY2015 as of: **2**

2005-2009 ACS Estimates used for Elderly & Low Income Calculations

2010 Census data used for Minority & Origin Calculations

TAB Member's Name	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User	Year Term Begun	Year Term Ends	Appointed or Selected	# Years Served	Board Service	
										This person knows the transportation needs of this group or groups.	
1 Dianne Moorefield	DSS	Sheltered Workshop				1/23/2015	1/23/2017	S	11	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
2 Brenda Day	DSS					1/23/2015	1/23/2017	A	11	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
3 Tonya Breedlove	DSS					1/23/2015	1/23/2017	S	10	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
4 Kately Briggs	Senior Services					1/23/2015	1/23/2017	S	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
5 Bryan Miller						1/23/2014	7/1/2016	A	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
6 Michelle Waddell	DSS					7/1/2014	7/1/2016	S	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
7 David Owens						1/23/2015	1/23/2017	A	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
8 Edna Brown	Employer					1/23/2015	1/23/2017	S	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
9 Sandra Hudspeth	Other					1/23/2015	1/23/2017	S	11	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
10 Melissa Williamson	Other					1/23/2015	1/23/2017	S	15	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
11 Matthew Sydney	Other					1/23/2015	1/23/2017	S	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
12 Jeannine Everidge	Senior Services					1/23/2015	1/23/2017	S	0	<input checked="" type="checkbox"/> This person knows the transportation needs of this group or groups.	
13										<input type="checkbox"/>	<input type="checkbox"/>
14										<input type="checkbox"/>	<input type="checkbox"/>
15										<input type="checkbox"/>	<input type="checkbox"/>
16										<input type="checkbox"/>	<input type="checkbox"/>
17										<input type="checkbox"/>	<input type="checkbox"/>
18										<input type="checkbox"/>	<input type="checkbox"/>
19										<input type="checkbox"/>	<input type="checkbox"/>
20										<input type="checkbox"/>	<input type="checkbox"/>

CASWELL COUNTY AREA TRANASPORTATION SYSTEM

Limited English Proficiency (LEP) Plan



LEP Contact:

Melissa Williamson

Director of Caswell County Area Transportation System

336-694-1424 Ext 2

TDD/TTY Users Dial 711 or 1-800-735-2962

Fax: 336-694-1144

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A. Purpose

The purpose of this Limited English Proficiency (LEP) Plan is to ensure meaningful access to program information and equal opportunity to benefit from services for persons with hearing impairment and limited English proficiency.

A client has Limited English Proficiency (LEP) when he/she is not able to speak, read write or understand the English language at a level that allows him/her to interact effectively with Caswell County Area Transportation System staff. It is not always easy to identify a person with LEP. Some clients may know enough to understand some of the complex issues they may encounter within the human services systems (i.e., legal, medical or program language).

Interpretation and Translation Defined:

For purposes of this policy, **Interpretation** is defined as a spoken or visual explanation provided to help two or more people who do not speak the same language to communicate with each other. **Translation** is defined as a written version of a document provided in a different language than the original document.

B. Legal Authority

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, provides that no person shall “on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. On August 11, 2000, Executive Order 13166 was issued. “Improving Access to Services for Persons With Limited English Proficiency,” 65 FR 50121 (August 16, 2000). Under that order, every Federal agency that provides financial assistance to non-Federal entities must publish guidance on how its recipients can provide meaningful access to LEP persons and thus comply with Title VI regulations forbidding recipients from “restricting an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service.

C. Policy

No person will be denied access to Caswell County Area Transportation System programs or program information because he/she does not speak English or speaks limited English. Caswell County Area Transportation System will provide language assistance services as needed for clients with LEP to provide meaningful access to programs and services and ensure effective communication between Caswell County Area Transportation System staff. Clients will be provided with language assistance services at no cost to them and in a timely manner during business hours.

Caswell County Area Transportation System will ensure that interpreters are competent to provide interpreter services. The interpreter must be proficient in both English and the target language and be able to convey information in both languages accurately.

D. Procedures

1. When anyone seeks services from Caswell County Area Transportation System, staff will inquire what language is their preference and whether they desire an interpreter if preference is not English. The "I Speak" cards will be used to help client identify their language needs.
2. Whenever an interpreter/translator is needed, Caswell County Area Transportation System is responsible for filling out an Interpreter/Translator Request form requesting the service.
3. Whenever a translation is needed, Caswell County Area Transportation System staff is responsible for completing a Request for Translation form.

E. Use of Family and/or Friends as Interpreters

Staff must not require, suggest, or encourage a client with LEP to use family or friends as interpreters. Family or friends may not be competent to serve as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, and/or have little familiarity with specialized program terminology.

Family members or friends of the limited-English-proficient person may only be used as interpreters/translators if specifically requested by that individual after staff has made an offer of a free interpreter/translator and if doing so does not compromise the effectiveness of the interpretation and/or violate the client's confidentiality. Staff's offer of an interpreter and the client's response must be documented in the person's file. These restrictions are to ensure confidentiality of information and accurate communication.

NOTE: Client's who wish to have bilingual friends and family present at meetings or interviews may do so; however, the presence of such persons does not affect the obligation of Caswell County Area Transportation System to provide interpreter/translator services.

F. Rule for Minor Children

Use of minor children as interpreters/translators by Caswell County Area Transportation System is never allowed.

G. Monitoring of LEP Plan

On at least an annual basis, Caswell County Area Transportation System will conduct an evaluation of the LEP to determine overall effectiveness. The evaluation will consider what is working and what is not and make adjustments to the LEP plan accordingly. The evaluation will also determine whether new languages will be added for translation and whether existing languages will be dropped based on ongoing community needs assessment.

Caswell County Area Transportation System annual evaluation of the LEP plan will include the following activities:

- Assessment to the best of our ability, of the number of persons with limited English proficiency in Caswell County.
- Assessment of the current language needs of clients with limited English proficiency to determine whether they need an interpreter and/or translated materials to communicate effectively with staff.
- Determining if existing language assistance services are meeting the needs of clients with limited English proficiency.

H. Responsible Authority

Responsible Authority – LEP Contact Person

The person designated to provide technical assistance and respond to inquiries and complaints from the public is listed below as the LEP Contact Person.

LEP Contact:	Melissa Williamson Director of Caswell Co. Area Transportation System 336-694-1424 Ext 2 TDD: 711 or 1-800-735-2962 Fax: 336-964-1144
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I. Limited English Proficiency Complaint Procedure

The LEP contact listed above is the contact for public complaints regarding the Limited English Proficiency Plan. Complaints can be reported verbally or in writing to the LEP contact. After a complaint has been made, the LEP contact will investigate the concern. Following thorough investigation a summary of findings will be provided to the complainant within 30 days of the date the complaint was filed. Department corrective action will be taken if violation of this plan is determined.

Language assistance will be available for the duration of the complaint process for anyone with LEP who wishes to file a complaint.

ATTACHMENT A

Kuv xav tau ib tug Hmoob
pab txhais lus rau kuv.

I need a Hmong interpreter

ខ្លួនការអ្នកបកច្បាស់ខ្ូួរ

I need a Khmer interpreter.

ຂ້າພະເຈົ້າ ດອງການ ລາວແລ້ວພາສາລາວ

I need a Lao interpreter

Мне нужен русский переводчик.

I need a Russian interpreter.

Turjumana afan Oromiffa enbarbana.

I need an Oromiffa interpreter.

Trebam prevodioča srpsko-hrvatskog jezika.

I need a Serbo-Croatian interpreter.

Waxaan u baahnahay turjubaan
Somali ah.

I need a Somali interpreter.

Necesito servicios de intérprete
en español.

I need a Spanish interpreter.

Tôi cần thông dịch viên tiếng Việt.

I need a Vietnamese interpreter.

أنا احتاج مترجم عربى

I need an Arabic interpreter

ATTACHMENT A

Kuv xav tau ib tug Hmoob
pab txhais lus rau kuv.

I need a Hmong interpreter

ខ្ញុំត្រូវការអ្នកបកប្រែកាសខ្មែរ

I need a Khmer interpreter.

ຂ້າພະເຈົ້າ ດອງການ ລາມເປັນພາສາລາວ

I need a Lao interpreter

Мне нужен русский переводчик.

I need a Russian interpreter.

Turjumana afan Oromiffa enbarbana.

I need an Oromiffa interpreter.

Trebam prevodioca srpsko-hrvatskog jezika.

I need a Serbo-Croatian interpreter.

Waxaan u baahnahay turjubaan
Somali ah.

I need a Somali interpreter.

Necesito servicios de intérprete
en español.

I need a Spanish interpreter.

Tôi cần thông dịch viên tiếng Việt.

I need a Vietnamese interpreter.

انا احتاج مترجم عربى

I need an Arabic interpreter

ATTACHMENT B

Request for Interpreter

Person requesting Interpreter: _____

Telephone Number: _____

Language Requested: _____

Date of Request: _____

Client Name: _____

Phone Number: _____

Date Needed: _____

Location of Appointment: _____

Comments: _____

ATTACHMENT C

Request for Translation

Person requesting Translation: _____

Telephone Number: _____

Language Requested: _____

Date of Request: _____

Client Name: _____

Phone Number: _____

Date Needed: _____

Location of Appointment: _____

Comments: _____

Proceso de los procedimientos para la queja de la discriminación

Los procedimientos de la queja contorneados adjunto se aplican a la división del condado de Caswell del transporte y FHWA, FTA, FAA, y otros recipientes y secundario-recipientes primarios en la administración del programa de la carretera de la Federal-ayuda. Estas quejas de la discriminación de la cubierta de los procedimientos archivarón bajo título VI del acto de las derechos civiles de 1964, del acto de la restauración de las derechos civiles de 1987, de la sección 504 del acto de la rehabilitación de 1973, de los americanos con el acto de las inhabilidades de 1987, de la sección 504 del acto de la rehabilitación de 1973, de los americanos con el acto 1990 de las inhabilidades, y de otras autoridades del non discriminación referentes cualquier programa o servicio administrado por NCDOT en cuanto a secundario-recipientes, consultores, y contratistas.

La división del condado de Caswell del transporte hará cada esfuerzo de obtener la resolución temprana de quejas en el nivel más bajo posible. Todas las quejas de la discriminación alegada serán investigadas por la división de Caswell County de la oficina del transporte de las derechos civiles y del departamento del recurso humano (OCR). La opción de informal las reuniones de la mediación entre los partidos afectados y el personal del OCR se pueden utilizar para la resolución. Sobre la terminación de cada investigación, el personal del OCR informará a cada queja todas las avenidas de la súplica.

I. PROPÓSITO

El propósito de los procedimientos de la queja de la discriminación es especificar el proceso que se empleará por la división de Caswell County del transporte (CATS) de acuerdo con la dirección de la administración federal de la carretera para investigar quejas, mientras que asegura el proceso debido para los queja y los respondedores. El proceso no imposibilita el personal responsable de ninguna agencia de procurar resolver informal quejas.

II. APLICABILIDAD

Los procedimientos de la queja se aplican a los beneficiarios de la división del condado de Caswell de los programas del transporte, actividades, y mantienen, incluyendo pero no limitado al público, a los contratistas, a los subcontratistas, a los consultores, y a otros secundario-recipientes de federal y sacian fondos.

III. ELEGIBILIDAD

Cualquier persona que crea que el/ella se ha sujetado a la discriminación o la venganza prohibió por las autoridades unas de los de las derechos civiles, basadas sobre la raza, color, el sexo, la edad, el origen nacional, o la inhabilidad pueden archivar una queja escrita con la división del condado de Caswell de la oficina del transporte. La ley prohíbe la intimidación o la venganza de cualquier clase. La queja se puede archivar por el individual afectado o un representante y debe estar en la escritura.

IV. DEFINICIÓN

Discriminación implica un acto o una inacción, es intencional o inintencional en cualquier programa o actividad de un recipiente, de un secundario-recipiente, o de un contratista de la Federal-ayuda, que da lugar al tratamiento (desfavorable) dispar, al impacto dispar, o a perpetuar los efectos de la discriminación anterior basados en la raza, color, sexo, origen nacional, edad, inhabilidad o en el caso de inhabilidad, no pudiendo hacer una comodidad razonable.

Un acto (o acción) si es intencional o inintencional, con el cual han sujetado a una persona en los Estados Unidos , basados en la raza, el color, el sexo, la edad, el origen nacional, o la inhabilidad al tratamiento desigual bajo cualquier programa o actividad que recibía ayuda financiera del FHWA bajo título 23 U.S.C.

V. LIMADURA DE QUEJAS

1. **Límites de tiempo y opciones de limadura** - Una queja se debe archivar no más adelante que 180 días de calendario después del siguiente:
 - La fecha del acto alegado de la discriminación; o
 - La fecha en que las personas eran enteradas de la discriminación alegada; o
 - Donde ha habido un curso de continuación de la conducta, la fecha la cual esa conducta fue continuada o el caso más último de la conducta.

Las quejas del título VI se pueden someter a las entidades siguientes:

- CATS
- NCDOT - Oficina de las derechos civiles y del desarrollo de negocio
- Administración federal de la carretera
- Administración federal del tránsito
- Administración federal de la aviación
- Departamento de los E.E.U.U. del transporte
- Ministerio de Justicia de los E.E.U.U.

2. **Tipo de quejas** - Las quejas estarán adentro **escritura y firmado** por el queja o un representante e incluya el nombre de los queja, la dirección, y el número de teléfono. Las quejas recibidas por fax o el E-mail serán reconocidos y procesados. Las alegaciones recibidas por el teléfono serán reducidas a la escritura y con tal que al queja para la confirmación o la revisión antes de procesar.
3. **Base de la queja** - Las alegaciones se deben basar en las ediciones que implican la raza, el color, el origen nacional, el sexo, la edad, el estado de la renta o la inhabilidad. El término “base” refiere a la calidad de miembro de los queja en una categoría protegida del grupo.

Protegido Categorías	Definición	Ejemplos
Raza	El pertenecer individual a uno de la opinión, basado generalmente en características físicas que una persona es un miembro de un grupo racial	Americano negro/africano, hispanico/Latino, asiático, indio americano/natural de Alaska, isleño hawaiano/pacífico nativo, blanco
Color	Color de la piel, incluyendo la cortina de la piel dentro de un grupo racial	Marrón negro, blanco, marrón claro, oscuro, etc.
Origen nacional	Lugar del nacimiento. La ciudadanía no es un factor. La discriminación basada en lengua o el acento de una persona también es cubierta por origen nacional.	Mexicano, cubano, japonés, vietnamitas, chinos
Sexo	Género	Mujeres y hombres
Edad	Personas de cualquier edad	persona de 21 años
Inhabilidad	Debilitación física o mental, permanente o temporal, o percibido.	Persiana, alcohólico, párrafo-amputee, epiléptico, diabético, artrítico
Estado de la renta	Persona en quienes renta de casa está o debajo del departamento de los E.E.U.U. de las pautas de la pobreza de salud y humanos de los servicios	Persona en familia o la casa de 4 con la renta de \$20.000

VI. INFORMACIÓN DEL CONTACTO

Si hay algunas preguntas con respecto a estos procedimientos o en archivar una queja de la discriminación, entre en contacto con la división del condado de Caswell del transporte en (336) 694-1424 la extensión 2.